



Case 1:99-cv-00017 Document 28-12 Filed 02/08/2007 Page 1 of 5
Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-8500 Fax (670) 235-7400

INVOICE

29194

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CRRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 322-1201/2/3 Fax: 664-3215

Ship To:

D.Y.S

Date 1/2/2007	() Partial () Complete	Terms 30 DAYS
P.O. # 461458	() Special Order	Sales Rep KJK

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		30	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	90.00
			ONSITE	Onsite Service Fee	10.00	10.00
				For the month of December 2006		
Total						\$100.00

I Certify that this is a true and correct invoice and

- ☐ Payment has not been received
☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature _____

Print Name _____

Date _____

Vendor Signature: _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.



Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-6500 Fax (670) 235-7400

INVOICE

29195

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Manga
Tel: 322-1201/2/3 Fax: 664-1215

Ship To:

D.Y.S

Date 1/2/2007	() Partial () Complete	Terms 30 DAYS
P.O. # 461458	() Special Order	Sales Rep KJK

QTY	B/O	DEL'D	Item #	Description	Price	Amount
		30	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	90.00
			ONSITE	Onsite Service Fee	10.00	10.00
				For the month of January 2007		
Total						\$100.00

I Certify that this is a true and correct invoice and

☐ Payment has not been received.

☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature [Signature]

Print Name [Name]

Date [Date]

Vendor Signature: [Signature]

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.



Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-4600 Fax: (670) 235-7400

INVOICE

29040

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 322-1201/2/3 Fax: 664-1215

Ship To:

D.Y.S

Date 11/29/2006	() Partial () Complete	Terms 30 DAYS
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P.O. # 461458	() Special Order	Sales Rep KIK
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QTY	B/O	DEL'D	Item #	Description	Price	Amount
		30	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	90.00
			ONSITE	Onsite Service Fee	10.00	10.00
				For the month of November 2006		
Total						\$100.00

I Certify that this is a true and correct invoice and

☐ Payment has not been received.

☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature *[Signature]*

Print Name Ricardo R. Rush

Date 11-29-06

Vendor Signature: _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.

Office of the Governor

Saipan, MP 96950

THIS NUMBER MUST APPEAR ON
ALL INVOICES AND DELIVERY SLIPS

No. 461458-000 OP

Telephone: (670) 664-1500 Fax: (670) 664-1515

DATE: 09/22/06

VENDOR: SAFETY 1ST SYSTEMS - SAIPAN INC.
P.O. BOX 504673SAIPAN, MP
96950-4673

INSTRUCTIONS

1. P.O. number must appear on all invoices, packages, packing lists, and other related documents.
2. Payments requests, prior to receipt of shipment, must include proof of shipment with invoice.
3. The CNMI Government reserves the right to reject any or all items received that are not in compliance with ordered specifications.
4. AIRMAIL original invoices attached to the original corresponding CNMI Government Purchase Orders to the Division of Finance & Accounting, Attn: Accounts Payable P.O. Box 5234 CHES Saipan, MP 96950. All correspondence with regards to payments must be directed to the above.
5. All correspondence regarding shipment of this order is to be directed to the Director, Procurement & Supply, CNMI.
6. Any refund check should be made payable to CNMI Treasury. Mail all refund to the above address.

FOB POINT :
SHIPPED VIA :
DELIVERY TIME:

QUANTITY	UNITS OF ISSUE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	LO	ONE (1) YEAR SERVICE CHARGE FOR FIRE DISTINGUISHER FOR JUVENILE DET. FAC. IN KAGMAN NOTE TO VENDOR: Please provide a copy of invoice showing receipt of goods/merchandise to: Director, PROCUREMENT & SUPPLY P.O. Box 10008 CK Lower Base, Saipan, MP 96950	.00	1,200.0
				1,200.0

DELIVER TO: MARPANDS - SAIPAN 461458-OP

TOTAL

DCCA/DYS-06-1158/1220

RELEASE DATE : 09/22/06

P.O. BOX 10008, CK

SAIPAN, MP

96950

SHIP VIA:

Requested By : Youth Services Saipan

HERMAN SABLAN

VENDOR



Case 1:99-cv-00017 Document 28-12 Filed 02/08/2007 Page 5 of 5
Safety 1st Systems (Saipan), Inc.
Your Total Safety Solution!

P.O. Box 504673 Saipan, MP 96950
Tel: (670) 235-6500 Fax (670) 235-7400

Page 5 of 5 INVOICE

28872

Bill To:

CNMI GOVERNMENT
P.O. Box 5234 CHRB
Saipan, MP 96950
Attn: Mary Masga
Tel: 322-1201/2/3 Fax: 664-1215

Ship To:

D.Y.S

Date		() Partial () Complete		Terms		
10/12/2006				30 DAYS		
P.O. #		() Special Order		Sales Rep		
461458				KJK		
QTY	B/O	DEL'D	Item #	Description	Price	Amount
		30	INSPECTION	Monthly Inspection of Fire Extinguisher	3.00	90.00
			ONSITE	Onsite Service Fee	10.00	10.00
				for the month of October 2006		
Total						\$100.00

I Certify that this is a true and correct invoice and

☐ Payment has not been received.

☐ Deposit has been received.

I hereby acknowledge the above goods were received in good condition.

Signature Mary Masga

Print Name MARY MASGA

Date 11/14/06

Vendor Signature: _____

NOTE: All overdue invoices will be assessed interest at the rate of 2% per month beginning the 31st day from this invoice date.